PERMISSION TO DEDUCT CAREGIVER BACKGROUND CHECK FEES
FROM WISCONSIN SHARES SUBSIDY PAYMENTS

Use of form: Completion of this form is voluntary. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: This form applies only to licensees who are serving children subsidized by the Wisconsin Shares Program. If you wish to have an automatic deduction made from the subsidy payments, please provide the facility and licensee information in the spaces provided and sign and date the permission below. Return the completed form to:

DEPARTMENT OF CHILDREN AND FAMILIES
DIVISION OF EARLY CARE AND EDUCATION
CAREGIVER BACKGROUND UNIT, ROOM E200
PO BOX 8916
MADISON WI 53708-8916

A.	FACILITY INFORMATION

1. Name – Facility

2. Facility I.D. Number(s) (found in top right corner of license certificate)

B.	LICENSEE INFORMATION

1. Name – Legally Responsible Person, Agency, Church, Partnership, Corporation, Tribe, LLC	Provider number (found on subsidy authorization and payment documents):
2. Name – Legally Responsible Individual	Date of Birth (mm/dd/yyyy)

C.	WISCONSIN SHARES DEDUCTION AUTHORIZATION

CAREGIVER BACKGROUND CHECK (CBC) FEE DEDUCTION FROM WISCONSIN SHARES SUBSIDY PAYMENT:

This permission will apply to all current and future child care centers that are licensed to me or the agency that I represent.

I authorize the State of Wisconsin to deduct Caregiver Background Check fees from Wisconsin Shares subsidy payments in the amount of $10 per CBC run on myself, each adult household member living at the child care facility, and each caregiver employee under age 18 effective as of the date I sign this form.

This permission shall remain in full force and effect until revoked and also shall apply in the event that the CBC fee amount changes, in which case, the Department of Children and Families shall notify all licensees. I understand that the charges will be listed as an itemized deduction on my subsidy payment advisory during the month I am charged.

SIGNATURE – Licensee	Date Signed